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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself			
			About Debtor 1:	,	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name			
	your pictu exar licer Bring iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your ting with the trustee.	Sabrina First name G Middle name Santore Last name and Suffix (Sr., Jr., II, III)	1	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.			
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer utification number	xxx-xx-3715		

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Case number (if known)

Debtor 1 Sabrina G Santore

About Debtor 2 (Spouse Only in a Joint Case): About Debtor 1: Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 345 S. Maple Street Itasca, IL 60143 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **DuPage** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Check one: Why you are choosing Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Document Case number (if known) Debtor 1 Sabrina G Santore

Par	Tell the Court About	Your E	3ankruptcy Ca	se					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ C	Chapter 7						
			Chapter 11						
		□с	Chapter 12						
			hapter 13						
			•						
8.	How you will pay the fee		about how yo	u may pay. Ty attorney is sub	pically, if you are paying the fe	check with the clerk's office in your local core yourself, you may pay with cash, cashier behalf, your attorney may pay with a credit	's check, or money		
					stallments. If you choose this ts (Official Form 103A).	option, sign and attach the Application for I	ndividuals to Pay		
						pption only if you are filing for Chapter 7. By if your income is less than 150% of the office			
			applies to you	ır family size a	nd you are unable to pay the t	ee in installments). If you choose this option Official Form 103B) and file it with your peti	n, you must fill out		
					3	,,,,,,,,,,,,,,,,,,,,,,			
9.	Have you filed for bankruptcy within the	■ N							
	last 8 years?	☐ Ye							
			District						
			District		When				
			District		When	Case number			
10.	Are any bankruptcy	■ N	0						
	cases pending or being filed by a spouse who is	□ Ye	es.						
	not filling this case with you, or by a business partner, or by an affiliate?								
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor	-		Relationship to you			
			District	-	When	Case number, if known			
11.	Do you rent your	□ N	o. Go to li	ne 12.					
	residence?	■ Ye	es Has yo	ur landlord obt	ained an eviction judgment ag	gainst you?			
		_ ''		No. Go to line	12.				
			_		nitial Statement About an Evic	tion Judgment Against You (Form 101A) an	d file it with this		
				Samurapito y pe					

Case 18-06255 Doc 1 Filed 03/05/18 Entered 03/05/18 15:58:16 Desc Main Document Page 4 of 63 Case number (if known) Debtor 1 Sabrina G Santore Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☐ No.

Yes.

What is the hazard?

needed, why is it needed?

If immediate attention is

Where is the property?

494 Lilac Lane Elk Grove Village, IL, 60007-0000

hazard's existence.

Buried, aged petroleum tank on property; no immediate attention

required, but the State of Illinois requires disclosures at sale of this

Number, Street, City, State & Zip Code

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Debtor 1 Sabrina G Santore

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 63 Case number (if known) Sabrina G Santore Debtor 1 **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$0 - \$50.000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sabrina G Santore Signature of Debtor 2 Sabrina G Santore

Executed on

MM / DD / YYYY

Signature of Debtor 1

March 5, 2018

MM / DD / YYYY

Executed on

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Debtor 1 Sabrina G Santore Page 7 01 03 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Edmund G. Urban III	Date	March 5, 2018	
Signature of Attorney for Debtor		MM / DD / YYYY	
Edmund G. Urban III 6182264			
Printed name			
Urban & Burt, Ltd.			
Firm name			
5320 W 159th Street			
Suite 501			
Oak Forest, IL 60452			
Number, Street, City, State & ZIP Code			
Contact phone	Email address		
6182264			
Bar number & State			

		DOGUIII	eni Paue o ul us	
Fill in this infor	mation to identify your	case:		
Debtor 1	Sabrina G Santor	е		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	136,572.50
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	81,359.05
	1c. Copy line 63, Total of all property on Schedule A/B	\$	217,931.55
Pa	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	200,129.29
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	146,633.80
	Your total liabilities	\$	346,763.09
Pa:	t 3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,532.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,587.00
Pa:	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14

2,000.00 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Ca	se 18-062	55 Doc 1		03/05/18 ument	Entered 03/05 Page 10 of 63	5/18 15:58	:16 De	sc N	Main
Fill	in this inform	nation to identi	fy your case and t			1 800 10 01 03				
Deb	otor 1	Sabrina G	Santore							
		First Name	Midd	le Name		Last Name				
	otor 2 ouse, if filing)	First Name	Midd	le Name		Last Name				
Uni	ted States Bar	nkruptcy Court f	or the: NORTHER	RN DISTE	RICT OF ILLIN	IOIS				
Cas	se number _									Check if this is an
S C n ea hink nfor	chedule ch category, se c it fits best. Be	eparately list and e as complete an e space is needed	Property describe items. List d accurate as possib	ole. If two	married people	n asset fits in more than o are filing together, both a top of any additional pag	are equally resp	onsible for su	pplyir	ng correct
. D		ave any legal or	<u> </u>			n or Have an Interest In	,			
1.1	494 Lilac L Street address, it	.ane f available, or other c	lescription	What _ ■	is the property' Single-family he Duplex or multi Condominium	i-unit building	the amoun	of any secure	d clain	r exemptions. Put ns on Schedule D: cured by Property.
	Elk Grove	Village IL State	60007-0000 ZIP Code	. 0	Manufactured of Land Investment pro	or mobile home	Current va entire prop \$27			rent value of the tion you own? \$136,572.50
				_	Other	in the property? Check one	(such as fo	ee simple, ten e), if known.		wnership interest by the entireties, or
	Cook County					the debtors and another bu wish to add about this	(see in:	t if this is cometructions)	munit	ty property
				Zillo NOT ex-h	w value: \$27 E: Judgmen usband's pa		se the house	e at \$245,00	00.00).

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$136,572.50

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

retirement accounts.

		Case 18-062		Filed 03/05/18 Document	Page 11 of 63	5/18 15:58:16	Desc Main
Deb		Sabrina G Santor				ase number (if known)	
3. C a	ars, vai	ns, trucks, tractors,	sport utility ve	hicles, motorcycles			
	No						
	Yes						
3.1	Make	: Buick		Who has an interest in the	e property? Check one		cured claims or exemptions. Put y secured claims on Schedule D:
	Mode	LaSabre		■ Debtor 1 only			ave Claims Secured by Property.
	Year:			Debtor 2 only		Current value of	the Current value of the
		oximate mileage:	75,000	Debtor 1 and Debtor 2 o	•	entire property?	portion you own?
		r information:	liotod	☐ At least one of the debto	ors and another		
		y Blue Book value condition	listea	Check if this is communicated (see instructions)	unity property	\$750	0.00 \$750.00
.p Part Do y	ages y 3: Des	ou have attached for scribe Your Personal an n or have any legal o	r Part 2. Write to deep to the second lite or equitable into	n for all of your entries fr that number here ems terest in any of the follow			\$750.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
E	<i>xample</i> l No	old goods and furnis es: Major appliances, f Describe		, china, kitchenware			
		Ge	neral househ	old furnishings and go	oods		\$750.00
E	l No	es: Televisions and rac including cell phon Describe		edia players, games	ment; computers, print	ers, scanners; music c	collections; electronic devices
		Ge	iisiai tittii				Ψ500.00
E	xample I _{No}	oles of value es: Antiques and figuri other collections, n			oks, pictures, or other a	rt objects; stamp, coin	, or baseball card collections;
E	xample No	ent for sports and ho es: Sports, photograph musical instrument Describe	iic, exercise, an	d other hobby equipment;	picycles, pool tables, go	olf clubs, skis; canoes	and kayaks; carpentry tools;
_	Firearm Examp I _{No}		tguns, ammunit	tion, and related equipment			

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Sabrina G Santore			Case number (if known)	
Describe				
oles: Everyday clothes, fur	s, leather coat	s, designer wear, shoes	accessories	
<u> </u>	al clothing	including wedding h	nands	\$2,200.00
Concr	ar crottillig,	morading wedding i	outus .	
bles: Everyday jewelry, cos	stume jewelry,	engagement rings, wed	ding rings, heirloom jewelry, watches, gems, ç	gold, silver
Gener	al jewelry			\$250.00
oles: Dogs, cats, birds, hor	rses			
Family	y pets (2 she	elter dogs; 2 shelter	cats)	\$100.00
he dollar value of all of y	our entries fr			\$3,600.00
n or have any legal or e	quitable inter	est in any of the follow	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
				on
oles: Checking, savings, o				nouses, and other similar
		Institution r	ame:	
17.1.	Checking	Bank of A	America	\$350.00
				<u> </u>
			ney market accounts	
	Institution or is	ssuer name:		
	Sabrina G Santore Describe Soles: Everyday clothes, fur Describe Gener Oles: Everyday jewelry, cost Describe Gener Trm animals Oles: Dogs, cats, birds, hor Describe Family ther personal and housel Give specific information. The dollar value of all of yeart 3. Write that number is scribe Your Financial Asset of nor have any legal or expected to the content of	Sabrina G Santore Describe Soles: Everyday clothes, furs, leather coate of the second clothing, Describe General clothing, General jewelry, costume jewelry, Describe General jewelry Family pets (2 sheet of the second clothing) Give specific information Family pets (2 sheet of the second clothing) Give specific information The dollar value of all of your entries from the second clothing of the sec	Document Describe Soles: Everyday clothes, furs, leather coats, designer wear, shoes, ples: Everyday clothes, furs, leather coats, designer wear, shoes, ples: Everyday jewelry, costume jewelry, engagement rings, wedding the ples: Everyday jewelry, costume jewelry, engagement rings, wedding the ples: Dogs, cats, birds, horses Describe Family pets (2 shelter dogs; 2 shelter her personal and household items you did not already list, in Give specific information The dollar value of all of your entries from Part 3, including and 3. Write that number here	Document Page 12 of 63 Case number (# known) Describe S Describe General clothing, including wedding bands Describe General jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gerns, go ples: Everyday jewelry, costurne jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gerns, go plescribe General jewelry To animals Describe Family pets (2 shelter dogs; 2 shelter cats) Their personal and household items you did not already list, including any health aids you did not list Give specific information The dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here Secribe Your Financial Assets For or have any legal or equitable interest in any of the following? Describes: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petitives of money Describes: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage the institutions. It you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking Bank of America

		Case 18-0	6255	Doc 1	Filed 03/0			Desc Main
De	ebtor 1	Sabrina G Sai	ntore		Docume	III.	Page 13 of 63 Case number (if known)	
			Name	e of entity:			% of ownership:	
20.	Negotia Non-ne ■ No	able instruments ir	nclude pe nts are th	rsonal check ose you canr	s, cashiers' checl	ks, proi	egotiable instruments missory notes, and money orders. by signing or delivering them.	
21.		nent or pension a les: Interests in IR			(k), 403(b), thrift	saving	s accounts, or other pension or profit-sharing p	olans
	■ Yes.	List each account	•	y. account:	Insti	tution r	name:	
			IRA/Er Retire	nloyees' ment Plan/4	401(k) diss ex-l BM ⁱ Plai Edv Em _i Mor	solutionusba O Hari n of Bay vard J	nt QDRO rights pursuant to on of marriage judgment of nd's pension/IRA/401(k) ris Financial Group - 401(k) Savings ank of Motreal/Harris lones - IRA, Acct #781-92931-1-4 es' Retirement Plan of Bank of /Harris	\$74,409.05
22.	Your sl		deposits	you have ma			tinue service or use from a company ctric, gas, water), telecommunications compan	ies, or others
	■ No				Insti	tution n	name or individual:	
23.			a periodi	c payment of			r life or for a number of years)	
	■ No □ Yes			and descripti			,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
24.	26 U.S.0	s in an education C. §§ 530(b)(1), 52			n a qualified AB	LE pro	ogram, or under a qualified state tuition pro	gram.
	■ No □ Yes	Inst	itution na	me and desc	ription. Separate	ly file th	ne records of any interests.11 U.S.C. § 521(c):	
25.	Trusts,	equitable or futu	ıre intere	sts in prope	rty (other than a	nythin	g listed in line 1), and rights or powers exe	rcisable for your benefit
		Give specific infor	mation a	bout them				
26.	Examp ■ No	s, copyrights, traceles: Internet doma	in names	s, websites, p			ual property and licensing agreements	
27.	License Examp	es, franchises, ar	nd other	general inta		ociatio	n holdings, liquor licenses, professional license	es
	■ No □ Yes.	Give specific infor	mation a	bout them				
M	oney or	property owed to	you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	unds owed to yo	u					
	■ No □ Yes.	Give specific infor	mation ab	oout them, inc	cluding whether y	ou alre	ady filed the returns and the tax years	

		Case 18-0625	5 Doc 1	Filed 03/05/18 Document	Entered 03/05/18 15:58:16 Page 14 of 63	Desc Main
Deb	otor 1	Sabrina G Santore	•	Boodinone	Case number (if known)	
	<i>Exam</i> µ ■ No	support bles: Past due or lump s Give specific informatio	, ,	usal support, child suppo	ort, maintenance, divorce settlement, property	settlement
	Exam _l ■ No	amounts someone owo ples: Unpaid wages, disa benefits; unpaid loa Give specific informatio	ability insurance pans you made to	payments, disability bene someone else	efits, sick pay, vacation pay, workers' compe	nsation, Social Security
_		ets in insurance policie oles: Health, disability, o		nealth savings account (h	HSA); credit, homeowner's, or renter's insurar	nce
	□ Yes.	Name the insurance co	mpany of each po Company name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
	If you a some of		living trust, expec	someone who has die t proceeds from a life ins	od surance policy, or are currently entitled to reco	eive property because
	Examµ ■ No		ment disputes, in	you have filed a lawsui surance claims, or rights	t or made a demand for payment to sue	
	No	contingent and unliqui		every nature, including	g counterclaims of the debtor and rights to	set off claims
	No	nancial assets you did Give specific information	-			
36.				om Part 4, including ar	ny entries for pages you have attached	\$74,759.05
Part	5: De	scribe Any Business-Rela	ated Property You	Own or Have an Interest I	n. List any real estate in Part 1.	
_	No. Go	own or have any legal or on to Part 6. Go to line 38.	equitable interest	in any business-related pr	roperty?	
Part		scribe Any Farm- and Cor ou own or have an interest		Related Property You Owr n Part 1.	n or Have an Interest In.	
46.		own or have any lega Go to Part 7.	ıl or equitable in	terest in any farm- or o	commercial fishing-related property?	

Describe All Property You Own or Have an Interest in That You Did Not List Above

☐ Yes. Go to line 47.

Part 7:

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Deb	sabrina G Santore		Case number (if known)	
	Do you have other property of any kind you did not already Examples: Season tickets, country club membership No	list?		
	Yes. Give specific information			
	Household tools/grill			\$190.00
	All remaining property of the	e Del	btor	\$2,060.00
54.	Add the dollar value of all of your entries from Part 7. Writ	te tha	t number here	\$2,250.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$136,572.50
56.	Part 2: Total vehicles, line 5		\$750.00	
57.	Part 3: Total personal and household items, line 15	-	\$3,600.00	
58.	Part 4: Total financial assets, line 36	-	\$74,759.05	
59.	Part 5: Total business-related property, line 45	-	\$0.00	
60.	Part 6: Total farm- and fishing-related property, line 52	_	\$0.00	
61.	Part 7: Total other property not listed, line 54	+ .	\$2,250.00	

\$81,359.05

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$81,359.05

\$217,931.55

Fill in this infor	mation to identify your	case:		
Debtor 1	Sabrina G Santor	e		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Amount of the exemption you claim

Part 1:	Identify	the Pro	perty You	Claim as	Exempt
---------	----------	---------	-----------	----------	--------

Brief description of the property and line on

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the

Schedule A/B that lists this property	portion you own			
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
494 Lilac Lane Elk Grove Village, IL 60007 Cook County	\$136,572.50		\$36,507.86	735 ILCS 5/12-704
Zillow value: \$273,145.00 NOTE: Judgment for Dissolution of Marriage states that Debtor's ex-husband's parents are to purchase the house at \$245,000.00. Additionally, Debtor's equity is to be source Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
1996 Buick LaSabre 75,000 miles Kelly Blue Book value listed	\$750.00		\$2,400.00	735 ILCS 5/12-1001(c)
Fair condition Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
General household furnishings and goods	\$750.00		\$750.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
General electronics Line from Schedule A/B: 7.1	\$300.00		\$300.00	735 ILCS 5/12-1001(b)
LINE HOLL SCHEUUIE A/D. 1.1			100% of fair market value, up to	

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al clothing, including wedding m Schedule A/B: 11.1	Current value of the portion you own Copy the value from Schedule A/B \$2,200.00	Che	ount of the exemption you claim ck only one box for each exemption. \$2,200.00	Specific laws that allow exemption 735 ILCS 5/12-1001(a)
	Schedule A/B	•		735 ILCS 5/12-1001(a)
	\$2,200.00	•	\$2,200.00	735 ILCS 5/12-1001(a)
m Schedule A/B: 11.1				
			100% of fair market value, up to any applicable statutory limit	
al jewelry m <i>Schedule A/B</i> : 12.1	\$250.00		\$250.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
pets (2 shelter dogs; 2 shelter	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
m Schedule A/B: 13.1			100% of fair market value, up to any applicable statutory limit	
U	\$350.00		\$350.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
	\$74,409.05			735 ILCS 5/12-1006 Debtor's QDRO interest in
ant to dissolution of marriage ent of ex-husband's n/IRA/401(k) larris Financial Group - 401(k) is Plan of Bank of l/Harris d Jones - IRA, Acct 2931-1-			100% of fair market value, up to any applicable statutory limit	ex-husband's retirement estimated to be \$75,000.00
n Schedule A/B: Z1.1				
•	\$190.00		\$190.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
	\$2,060.00		\$2,060.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
	pets (2 shelter dogs; 2 shelter in Schedule A/B: 13.1 ing: Bank of America in Schedule A/B: 17.1 inloyees' Retirement O1(k): Retirement QDRO rights int to dissolution of marriage ent of ex-husband's in/IRA/401(k) larris Financial Group - 401(k) is Plan of Bank of I/Harris d Jones - IRA, Acct 2931-1- in Schedule A/B: 21.1 inhold tools/grill in Schedule A/B: 53.1 inaining property of the Debtor in Schedule A/B: 53.2	ing: Bank of America m Schedule A/B: 17.1 showes' Retirement D1(k): Retirement QDRO rights int to dissolution of marriage ent of ex-husband's n/IRA/401(k) larris Financial Group - 401(k) s Plan of Bank of I/Harris d Jones - IRA, Acct 2931-1- m Schedule A/B: 21.1 hold tools/grill m Schedule A/B: 53.1 staining property of the Debtor m Schedule A/B: 53.2 \$350.00 \$74,409.05	Ing: Bank of America In Schedule A/B: 17.1 Inloyees' Retirement O1(k): Retirement QDRO rights Int to dissolution of marriage ent of ex-husband's In/IRA/401(k) Iarris Financial Group - 401(k) Is Plan of Bank of II/Harris Id Jones - IRA, Acct 2931-1- In Schedule A/B: 21.1 Inhold tools/grill In Schedule A/B: 53.1	pets (2 shelter dogs; 2 shelter m Schedule A/B: 13.1 100.00 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit

		Document Pa	ae 18 a	of 63		
Fill in this	s information to identify yo	ur case:				
Debtor 1	Sabrina G Sant	oro				
DCDIOI I	First Name		Name			
Debtor 2						
(Spouse if, fi	ling) First Name	Middle Name Last i	Name		-	
	ataa Danimuntay Cayut fan tha	NORTHERN DISTRICT OF HILLINGS				
United St	ates Bankruptcy Court for the	NORTHERN DISTRICT OF ILLINOIS	·		-	
Case nun	nher					
(if known)					☐ Check	if this is an
					amend	led filing
Official	Form 106D					
Sched	Jule D. Creditors	s Who Have Claims Sec	haru	hy Propert	V	12/15
901100	date B. Greatters	Who have diaming dec		by 1 Topoli	<u> </u>	12/10
		If two married people are filing together, bot				
s needed, number (if l		out, number the entries, and attach it to this	torm. On t	ne top of any additio	nai pages, write your na	me and case
•	reditors have claims secured b	y your property?				
		this form to the court with your other scheo	dulas Vau	have nothing also t	o roport on this form	
_		,	iules. Tou	nave nothing else i	o report on this form.	
■ Ye	s. Fill in all of the information	below.				
Part 1:	List All Secured Claims					
2. List all s	secured claims. If a creditor has	more than one secured claim, list the creditor se	eparately	Column A	Column B	Column C
for each cla	aim. If more than one creditor ha	s a particular claim, list the other creditors in Par		Amount of claim	Value of collateral	Unsecured
much as po	ossible, list the claims in alphabet	tical order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
a. Am	erican Portfolio			value of collateral.	Ciaiiii	папу
2.1 Mo i	rtgage	Describe the property that secures the cla	im:	\$182,311.00	\$273,145.00	\$0.00
	tor's Name	494 Lilac Lane Elk Grove Village,	IL			
		60007 Cook County				
		Zillow value: \$273,145.00				
		NOTE: Judgment for Dissolution	of			
		Marriage states that Debtor's				
		ex-husband's parents are to	00			
		purchase the house at \$245,000.0 Additionally, Debtor's equity	<i>J</i> U.			
4.0	, , , , , , , , , , , , , , , , , , ,	As of the date you file, the claim is: Check a	all that			
	orporate Drive, #360 se Zurich, IL 60047	apply.				
		Contingent				
Numb	per, Street, City, State & Zip Code	Unliquidated				
Who owo	s the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
		_				
Debtor	-	An agreement you made (such as mortgage	ge or secur	red		
☐ Debtor		car loan)				
	1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)			
	one of the debtors and another	☐ Judgment lien from a lawsuit				
	if this claim relates to a	Other (including a right to offset)				
Comm	unity debt					
	November					
Date debt	was incurred 2012	Last 4 digits of account number				
Cav	alry Portfolio					
	estments	Describe the property that secures the cla	im:	\$5,166.24	\$273,145.00	\$0.00
Credi	tor's Name	494 Lilac Lane Elk Grove Village,	IL			
		60007 Cook County				
c/o	TSYS Debt	Memorandum of judgment - 2016	М3			
	nagement	004865				
). Box 5155	As of the date you file, the claim is: Check a apply.	dl that			
Nor	cross, GA 30091	☐ Contingent				
Numb	per, Street, City, State & Zip Code	☐ Unliquidated				
		□ Disputed				

Official Form 106D

Who owes the debt? Check one.

Nature of lien. Check all that apply.

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Debtor 1	Sabrina G Santore			Case number (if know)		
	First Name Middle N	ame Last Name	_			
☐ Debtor	1 only	☐ An agreement you made (such as	mortgage or se	cured		
☐ Debtor	2 only	car loan)				
☐ Debtor	1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
At least	one of the debtors and another	Judgment lien from a lawsuit				
_	if this claim relates to a	Other (including a right to offset)	Marital de	bt		
	unity debt	— Other (including a light to onset)				
	•					
	Prior to					
Date debt	was incurred June 2014	Last 4 digits of account nun	nber			
2.3 Jan	nes Reichardt	Describe the property that secures	the claim:	\$4,548.25	\$273,145.00	\$0.00
Credi	tor's Name	494 Lilac Lane Elk Grove V	llage, IL			
		60007 Cook County				
		Memorandum of Judgment	in			
		divorce case 2015 D 2201				
27 \	W. Park Blvd.	As of the date you file, the claim is	Check all that			
Villa	a Park, IL 60181	apply. Contingent				
	per, Street, City, State & Zip Code	☐ Unliquidated				
INUITIL	ber, Street, City, State & Zip Code	☐ Disputed				
Who owe	s the debt? Check one.	Nature of lien. Check all that apply.				
_						
Debtor	•	An agreement you made (such as car loan)	mortgage or se	ecured		
Debtor						
☐ Debtor	1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
At least	one of the debtors and another	Judgment lien from a lawsuit				
☐ Check	if this claim relates to a	Other (including a right to offset)	Divorce at	torney's fees		
comm	unity debt	care (mereanig a right to energy		·		
Date debt	was incurred	Last 4 digits of account nun	ber			
		<u> </u>				
Por	tfolio Recovery					
1/4/	sociates	Describe the property that secures	the claim:	\$8,103.80	\$273,145.00	\$0.00
	tor's Name	494 Lilac Lane Elk Grove V	llage. IL			
		60007 Cook County	90,			
Div	erside Commerce	Memorandum of judgment	filed			
Cer		April 2016, 2016 M3 000992				
	Corporate Blvd.	As of the date you file, the claim is	Check all that			
	folk, VA 23502	apply.				
	per, Street, City, State & Zip Code	Contingent				
INUITIL	ber, Street, City, State & Zip Code	☐ Unliquidated				
Who owo	s the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
☐ Debtor	•	An agreement you made (such as car loan)	mortgage or se	cured		
☐ Debtor	•	,				
_	1 and Debtor 2 only	Statutory lien (such as tax lien, me	echanic's lien)			
At least	one of the debtors and another	Judgment lien from a lawsuit				
Check	if this claim relates to a	Other (including a right to offset)	Marital de	bt		
comm	unity debt					
	Prior to					
Date debt	was incurred June 2014	Last 4 digits of account nun	her 1393			
Date dept	Tas mounted Juile 2014	Last 4 digits of account hum -				
	1.0			A000 400 0	20	
	•	olumn A on this page. Write that num		\$200,129.2		
	the last page of your form, add at number here:	the dollar value totals from all pages	•	\$200,129.2	29	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Depto	or 1	Sabrina G Sa	ntore		Case number (if know)
		First Name	Middle Name	Last Name	
than o	one c	reditor for any of	the debts that you listed in	Part 1. list the additional cred	ditors here. If you do not have additional persons to be notified for any
			t or submit this page.		
	Bla 12	att, Hasenmille	City, State & Zip Code er, Leibsker & Moore er Drive, Suite 400 6-4440		On which line in Part 1 did you enter the creditor? Last 4 digits of account number
	Ke 199	ne, Number, Street, ith Shindler 90 E. Algonqui haumburg, IL			On which line in Part 1 did you enter the creditor? Last 4 digits of account number
	U.S Ba PO	ne, Number, Street, S. Bank nkruptcy Dept) Box 5229 ncinnati, OH 4			On which line in Part 1 did you enter the creditor?

			Document	Page 21 of 63	•
Fill in	this informa	ation to identify your	case:		
Debto	r 1	Sabrina G Santor	e		
		First Name	Middle Name	Last Name	
Debto (Spouse	r 2 e if, filing)	First Name	Middle Name	Last Name	
United	J States Barr	kruptcy Court for the:	NORTHERN DISTRICT OF IL	LLINOIS	
	number				
(if know	n)				Check if this is an
					amended filing
Offic	ial Form	106E/F			
Sche	edule E/	F: Creditors W	ho Have Unsecured	Claims	12/15
Schedu Schedu eft. Att name a	ile G: Executo ile D: Creditor ach the Contii nd case numb	ory Contracts and Unexp is Who Have Claims Sec nuation Page to this pag per (if known).	ired Leases (Official Form 106G). I ured by Property. If more space is ge. If you have no information to re	list executory contracts on Schedule A/B: Do not include any creditors with partially needed, copy the Part you need, fill it out, eport in a Part, do not file that Part. On the	secured claims that are listed in number the entries in the boxes on the
Part 1		of Your PRIORITY Ur			
_		s have priority unsecure	d claims against you?		
	No. Go to Par	rt 2.			
□ Part 2	Yes.	of Your NONPRIORIT	V Unacquired Claims		
_			cured claims against you?		
	No. You have	nothing to report in this p	art. Submit this form to the court with	your other schedules.	
	Yes.				
un tha	secured claim,	list the creditor separatel	y for each claim. For each claim liste	he creditor who holds each claim. If a creditd, identify what type of claim it is. Do not list claim the more than three nonpriority unsecured of	laims already included in Part 1. If more
					Total claim
4.1	Alexian E	Brothers Medical G	roup Last 4 digits of acc	count number A380	\$755.19
	Nonpriority (Creditor's Name	When was the deb	at incurred?	
	Belfast, M		When was the deb		
		eet City State Zlp Code	As of the date you	file, the claim is: Check all that apply	
	_	ed the debt? Check one.			
	Debtor 1	only	☐ Contingent		
	Debtor 2	only	☐ Unliquidated		
	Debtor 1	and Debtor 2 only	☐ Disputed		
	_	one of the debtors and an		RITY unsecured claim:	
	☐ Check if debt	this claim is for a com		ing out of a conception	between did not
		subject to offset?	☐ Obligations arisi report as priority cla	ing out of a separation agreement or divorce the sims	nat you did not
	■ No		☐ Debts to pension	n or profit-sharing plans, and other similar deb	ots
	☐ Yes		Other. Specify	Medical bill for Debtor(s)	
			- Other openly	` '	

Document Page 22 of 63 Debtor 1 Sabrina G Santore Case number (if know) \$1,865.05 4.2 American Recovery Service Inc. Last 4 digits of account number 5793 Nonpriority Creditor's Name 555 St. Charles Drive When was the debt incurred? Suite 100 Thousand Oaks, CA 91360 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify The Children's Place debt ☐ Yes 4.3 **Athletico** Last 4 digits of account number 2282 \$868.12 Nonpriority Creditor's Name 709 Enterprise Drive When was the debt incurred? Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical bill for Debtor(s) Other. Specify 4.4 **Capital One** \$2,916.45 Last 4 digits of account number 0467 Nonpriority Creditor's Name Attention: Bankruptcy Department When was the debt incurred? P.O. Box 85167 Richmond, VA 23285-5167 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

■ No

☐ Yes

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit card purchases

Is the claim subject to offset?

Document Page 23 of 63 Debtor 1 Sabrina G Santore Case number (if know) \$750.00 4.5 **Capital One** Last 4 digits of account number Nonpriority Creditor's Name Attention: Bankruptcy Department When was the debt incurred? P.O. Box 85167 Richmond, VA 23285-5167 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card purchases ☐ Yes 4.6 **Cavalary Portfolio** 6188,6883 Last 4 digits of account number \$7,800.00 Nonpriority Creditor's Name 1990 Algonquin Road When was the debt incurred? Schaumburg, IL 60173 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Citibank debt ☐ Yes 4.7 **Cavalry Portfolio Services** Last 4 digits of account number \$4,354.95 6648 Nonpriority Creditor's Name 7 Skyline Drive When was the debt incurred? Hawthorne, NY 10532 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **GE Capital debt** Other Specify 2018 M3 000750 ☐ Yes

Document Page 24 of 63 Debtor 1 Sabrina G Santore Case number (if know) \$2,500.00 4.8 **Chase Card Services** Last 4 digits of account number 9608 Nonpriority Creditor's Name PO Box 659409 When was the debt incurred? San Antonio, TX 78265 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.9 CitiCard Last 4 digits of account number 9850 \$12,443.04 Nonpriority Creditor's Name PO Box 6000 When was the debt incurred? **Bankruptcy Department** The Lakes, NV 89163-6000 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card purchases ☐ Yes 4.1 **Commerce Bank** \$10,800.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 80600 When was the debt incurred? Kansas City, MO 64180 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt lacksquare Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 Sabrina G Santore

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Case number (if know)

4.1	Credit One Bank	Last 4 digits of account number	\$415.00
	Nonpriority Creditor's Name PO Box 98872	When was the debt incurred?	
	Las Vegas, NV 89193	Wileti was the dept incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	

	Yes	■ Other. Specify Credit card purchases	
4.1	Dominick and Jean Santore	Last 4 digits of account number	\$58,000.00
	Nonpriority Creditor's Name		
	4013 N. Oketo	When was the debt incurred?	
	Harwood Heights, IL 60706 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dain is. Oneon all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Unsecured Ioan	
4.1	Dr. Tom Karnezis		\$2,400.00
3]	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ2,+00.00
	8901 Golf Road	When was the debt incurred?	
	Suite 203		
	Des Plaines, IL 60016 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical bill for Debtor(s)	

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Document Page 26 of 63 Debtor 1 Sabrina G Santore Case number (if know) 4.1 **DSNB Macys** 8883 \$1,300.00 Last 4 digits of account number 4 Nonpriority Creditor's Name 9111 Duke Blvd. When was the debt incurred? Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 4.1 Elk Grove Village Public Library 6087 \$34.95 Last 4 digits of account number 5 Nonpriority Creditor's Name 1001 Wellington Avenue When was the debt incurred? Elk Grove Village, IL 60007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Late fees ☐ Yes 4.1 Joseph R. Haves \$2.500.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 335 Arlington Road When was the debt incurred? Itasca, IL 60143 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Estimtated amount of debt ☐ Yes

Debtor 1 Sabrina G Santore

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Case number (if know)

Lucas & Apostopolos	Last 4 digits of account number	\$10,000.
Nonpriority Creditor's Name 881 W. Lake Street Addison, IL 60101	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Attorneys' fees	
Midland Funding	Last 4 digits of account number	\$1,400
Nonpriority Creditor's Name	When was the debt incurred?	
8875 Aero Dr. San Diego, CA 92123	when was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify GE Capital debt	
Neurotech LLC	Last 4 digits of account number 1673	\$340
Nonpriority Creditor's Name 626 W. Moreland Waukesha, WI 53188-2433	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical bill for Debtor(s)' dependent(s)	

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Document Page 28 of 63 Debtor 1 Sabrina G Santore Case number (if know) 4.2 \$4,600.00 Portfolio RC 1883 Last 4 digits of account number 0 Nonpriority Creditor's Name 287 Independence When was the debt incurred? Virginia Beach, VA 23462 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify GE Capital debt ☐ Yes 4.2 **Portfolio Recovery Associates** 7474 Last 4 digits of account number \$727.83 Nonpriority Creditor's Name **Riverside Commerce Center** When was the debt incurred? 120 Corporate Blvd. Norfolk, VA 23502 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Comenity/Victoria's Secret debt ☐ Yes 4.2 **Portfolio Recovery Associates** 8606 \$2,754,14 Last 4 digits of account number Nonpriority Creditor's Name 500 West 1st Avenue When was the debt incurred? Hutchinson, KS 67501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify GE Capital debt ☐ Yes

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Document Page 29 of 63 Debtor 1 Sabrina G Santore Case number (if know) 4.2 **Portfolio Recovery Associates** 2051 \$3,753.00 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 12914 When was the debt incurred? Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **GE Capital debt** ☐ Yes Other. Specify 2015 M3 001902 4.2 5978 \$3,900.00 **Portfolio Recovery Associates** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 12914 Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify U.S. Bank National Assoc. debt ☐ Yes 4.2 Sychrony Bank 9811 \$4,354.94 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965064 When was the debt incurred? Orlando, FL 32896-5064 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only

Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Sam's Club debt ☐ Yes

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Suite 300 Feasterville Trevose, PA 19053 Name and Address **Alliance One Receivables** Management Part 2: Creditors with Nonpriority Unsecured Claims 4850 Street Road, Suite 300 Feasterville Trevose, PA 19053 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? American Coradius International Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims LLC ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 717 Getzville, NY 14068-0717 Last 4 digits of account number

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Debtor 1 Sabrina G Santore	Document Pa	Case number (if know)	
Name and Address ARS National Services Inc. PO Box 469100 Escondido, CA 92046-9100	On which entry in Part 1 or Part 2 Line 4.9 of (<i>Check one</i>):	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
ESCONDIDO, CA 92040-9100	Last 4 digits of account number		
Name and Address ARS National Services, Inc. Dept. #127199 PO Box 3005 Phoenixville, PA 19460	On which entry in Part 1 or Part 2 Line <u>4.6</u> of (<i>Check one</i>):	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Blitt & Gaines 661 Glenn Avenue Wheeling, IL 60090	On which entry in Part 1 or Part 2 Line 4.23 of (<i>Check one</i>):	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Capital Management Services, LP 726 Exchange Street Suite 700` Buffalo, NY 14210	On which entry in Part 1 or Part 2 Line 4.9 of (<i>Check one</i>):	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Capital Management Services, LP 698 1/2 South Ogden Street Buffalo, NY 14206-2317	On which entry in Part 1 or Part 2 Line 4.9 of (<i>Check one):</i>	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
Bullalo, NT 14200-2317	Last 4 digits of account number		
Name and Address Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285	On which entry in Part 1 or Part 2 Line 4.4 of (Check one):	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address CHLD/CBSD PO Box 6497	On which entry in Part 1 or Part 2 Line 4.2 of (<i>Check one</i>):	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
Sioux Falls, SD 57117	Last 4 digits of account number		
Name and Address Citibank P.O. Box 6500	On which entry in Part 1 or Part 2 Line 4.26 of (<i>Check one</i>):	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
Sioux Falls, SD 57117	Last 4 digits of account number		
Name and Address Client Services, Inc. 3451 Harry Truman Blvd Saint Charles, MO 63301-4047	On which entry in Part 1 or Part 2 Line 4.8 of (<i>Check one</i>):	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Credit Control, LLC PO Box 31179 Tampa, FL 33631	On which entry in Part 1 or Part 2 Line 4.26 of (Check one):	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Estate Information Services, LLC PO Box 1730 Reynoldsburg, OH 43068-8730	On which entry in Part 1 or Part 2 Line 4.9 of (<i>Check one</i>):	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
ncynolossuly, Oli 40000-0730	Last 4 digits of account number		
Name and Address GF Capital Retail Bank	On which entry in Part 1 or Part 2	2 did you list the original creditor?	

Official Form 106 E/F

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Debitor 1 3	abillia C	Samore		Case	idilibei (ii kiid	JW)	
PO Box 103104 Roswell, GA 30076			Last 4 digits of account number	Part 2:	Creditors with	Nonpriority Unsecured Claims	
Name and Add Global Coll 5440 N. Cu	lection (On which entry in Part 1 or Part 2 di Line 4.6 of (<i>Check one</i>):	Part 1:	Creditors with	or? n Priority Unsecured Claims n Nonpriority Unsecured Claims	
Suite 300 Chicago, IL 60656			Last 4 digits of account number				
Name and Address Macys P.O. Box 183084			On which entry in Part 1 or Part 2 di Line 4.14 of (<i>Check one</i>):	Part 1:	Creditors with	Priority Unsecured Claims	
Columbus,		218	Last 4 digits of account number	■ Part 2:	Creditors with	Nonpriority Unsecured Claims	
Name and Address Mandarich Law Group LLP 420 N. Wabash, #400 Chicago, IL 60611			On which entry in Part 1 or Part 2 di Line 4.7 of (Check one): Last 4 digits of account number	Part 1:	Creditors with	or? n Priority Unsecured Claims n Nonpriority Unsecured Claims	
Name and Add Northland (P.O. Box 39	Group, 90846	inc.	On which entry in Part 1 or Part 2 di Line 4.14 of (<i>Check one</i>):	Part 1:	Creditors with	or? n Priority Unsecured Claims n Nonpriority Unsecured Claims	
Edina, MN	55439		Last 4 digits of account number				
Name and Address Sentry Credit Inc. 2809 Grand Avenue			On which entry in Part 1 or Part 2 di Line <u>4.4</u> of (<i>Check one</i>):	Part 1:	Creditors with	or? n Priority Unsecured Claims n Nonpriority Unsecured Claims	
Everett, W	A 98201		Last 4 digits of account number				
Name and Address The Bureaus 1721 Central Street Evanston, IL 60204			On which entry in Part 1 or Part 2 di Line 4.4 of (<i>Check one</i>): Last 4 digits of account number	Part 1:	Creditors with	or? n Priority Unsecured Claims n Nonpriority Unsecured Claims	
Name and Add Unique Nat	tional C	ollections	On which entry in Part 1 or Part 2 di Line 4.15 of (Check one):		-	or? a Priority Unsecured Claims	_
119 E. Map Jeffersonv		7130	Last 4 digits of account number	Part 2:	Creditors with	n Nonpriority Unsecured Claims	
Name and Add Victoria's S P.O. Box 65 San Antoni	Secret 59728	8265-9728	On which entry in Part 1 or Part 2 di Line 4.21 of (<i>Check one</i>):	Part 1:	Creditors with	or? n Priority Unsecured Claims n Nonpriority Unsecured Claims	
- Carr Aircon			Last 4 digits of account number				
6. Total the am	nounts of			tical reporting	purposes or	nly. 28 U.S.C. §159. Add the amounts for eac	
type of unse	cured cla	im.				Total Claim	
Total claims	6a.	Domestic support obliga	ntions	6a.	\$	0.00	
from Part 1	6b. 6c. 6d	Claims for death or pers	debts you owe the government onal injury while you were intoxicated y unsecured claims. Write that amount he	6b. 6c.	\$ \$	0.00	

Official Form 106 E/F

6e.

Student loans

Total Priority. Add lines 6a through 6d.

0.00

Total Claim

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Debtor 1 Sabrina G Santore

Total				 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 146,633.80
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 146,633.80

Fill in this infor	rmation to identify your	case:		
Debtor 1	Sabrina G Santor	re		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the r, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			<u> </u>
	Number	Olicci			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	- N	Ot 1			<u> </u>
	Number	Street			
	City		State	ZIP Code	

		<u> Document</u>	Page 35 of 63	
Fill in th	is information to identify your	case:		
Debtor 1	Sabrina G Santor	0		
DODIOI I	First Name	Middle Name	Last Name	_
Debtor 2	2			
(Spouse if,	filing) First Name	Middle Name	Last Name	_
United S	States Bankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS	
				_
Case nu (if known)	mber			☐ Check if this is an
(amended filing
Offici	al Form 106H			
Sche	dule H: Your Cod	ehtors		12/15
30110	daic II. Tour oou			12/13
eople a ill it out, our nan	re filing together, both are equ , and number the entries in the ne and case number (if known)	ally responsible for supplyi boxes on the left. Attach th . Answer every question.		accurate as possible. If two married te is needed, copy the Additional Page, he top of any Additional Pages, write
_	``	you are ming a joint case, as	not not ounor opouco do a codobior.	
Y	es			
Ariz			erty state or territory? (Community p. o Rico, Texas, Washington, and Wisco	
3. In C in lii Forr	ne 2 again as a codebtor only i	ors. Do not include your sp f that person is a guarantor	ouse as a codebtor if your spouse is or cosigner. Make sure you have lis	s filing with you. List the person shown sted the creditor on Schedule D (Official lle D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		he creditor to whom you owe the debt
			Check all Sch	nedules that apply:
3.1	Robert Santore 494 Lilac Lane Elk Grove Village, IL 6000	7	☐ Schedule ☐ Schedule ☐ Schedule	e E/F, line
3.2	Robert Santore 494 Lilac Lane Elk Grove Village, IL 6000	7	■ Schedule □ Schedule	e D, line e E/F, line4.12 e G and Jean Santore
3.3	Robert Santore 494 Lilac Lane Elk Grove Village, IL 6000	7	☐ Schedule ☐ Schedule	e D, line2.4 e E/F, line e G ecovery Associates

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Debtor 1	Sabrina G Santore	Case number (if known)			
	Additional Page to List More Codebtors				
,	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:			
3.4	Robert Santore 494 Lilac Lane Elk Grove Village, IL 60007	■ Schedule D, line □ Schedule E/F, line □ Schedule G Cavalry Portfolio Investments			

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	in this information to identify your								
De	btor 1 Sabrina G	Santore							
	btor 2								
Uni	ited States Bankruptcy Court for th	e: NORTHERN DISTRIC	CT OF ILLINOIS		_				
(If kı	se number		-			Check if this is An amend A supplem 13 income	ed filing ent showir	ng postpetition	
0	fficial Form 106l					MM / DD/	YYYY		
S	chedule I: Your Ind	come							12/15
atta	ruse. If you are separated and you che a separate sheet to this form The separate sheet to this form The separate sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to this form The separated and your employment sheet to the separated and your employment s	. On the top of any additi	onal pages, write yo			I case number (if	known). A	Answer every	
	information.		Debtor 1					iling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed ■ Not employed			☐ Emp	employed		
	employers.	Occupation	-						
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Pai	rt 2: Give Details About Mo	onthly Income							
	imate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to r	eport for	any	line, write \$0 in the	e space. In	clude your no	n-filing
•	ou or your non-filing spouse have ne space, attach a separate sheet t		ombine the informatio	n for all e	empl	oyers for that pers	on on the li	ines below. If	you need
						For Debtor 1		ebtor 2 or ing spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly ove	rtime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	0.00	\$	N/A	

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Deb	tor 1	Sabrina G Santore	-	Case	number (if known)			
	Con	by line 4 here	4.	For \$	Debtor 1		ebtor 2 or ling spouse N/A	
_		*	٠.	Ψ_	0.00	Ψ	- IVA	
5.	List 5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	N/A	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	2,000.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Net SSDI benefits	8f.	\$	2,532.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,532.00	\$	N/A	
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$		4,532.00 + \$		N/A = \$	4,532.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depen		•	•	nedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						4,532.00
	_		_				Combin monthly	ed income
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?					
		Yes. Explain:						

Official Form 106I Schedule I: Your Income page 2

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Fill	in this information	on to identify yo	our case:					
Deb	otor 1	Sabrina G Sa	antore			Che	ck if this is:	
L.							An amended filing	
	otor 2 ouse, if filing)						A supplement show 13 expenses as of	wing postpetition chapter the following date:
` '	, 0,						TO expenses as of	the following date.
Unit	ed States Bankrup	otcy Court for the:	NORTH	HERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
1	e number							
(If Ki	nown)							
Of	fficial For	m 106J						
So	chedule .	J: Your I	Exper	ises				12/15
Be info nur	as complete an ormation. If moi mber (if known)	nd accurate as re space is ne . Answer ever	possible eded, atta y questio	. If two married people and the control of the cont				
Par 1.	t 1: Describ Is this a joint	e Your House	hold					
	No. Go to li							
			n a senar	ate household?				
	□ No	200101 2	n a copa					
		s. Debtor 2 mus	t file Offici	al Form 106J-2, Expenses	s for Separate House	e <i>hold</i> of Deb	otor 2.	
_			_	, ,	, , , , , , , , , , , , , , , , , , , ,			
2.	Do you have	aepenaents?	☐ No					
	Do not list Deb Debtor 2.	otor 1 and	Yes.	Fill out this information for each dependent	Dependent's related Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state th	ie						□ No
	dependents na	ames.			Daughter		10	■ Yes
								□ No
					Daughter		_ <u>11</u>	Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.	Do your expe	nses include		No				□ 163
	expenses of p yourself and	people other the	han $_{m \Box}$	Yes				
Par Est		e Your Ongoin		y Expenses uptcy filing date unless y	you are using this f	orm as a si	innlement in a Cha	enter 13 case to report
exp				y is filed. If this is a supp				
				government assistance i				
(Off	ficial Form 106l	l.)					Your exp	enses
4.		home owners any rent for the		ses for your residence. I	nclude first mortgag	e 4. §	.	1,650.00
	If not included	d in line 4:						
	4a. Real est	tate taxes				4a. \$	B	0.00
		, homeowner's	s, or renter	's insurance		4b. §	·	36.00
				upkeep expenses		4c. §	·	50.00
_				dominium dues		4d. 9	·	0.00
5	Additional mo	ortaade navme	ents for vo	our residence , such as ho	me equity loans	5 9	h	0.00

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Debtor 1	Sabrina G Santore	Case num	ber (if known)	
6. Util i	ties:			
6. O tili 6a.	Electricity, heat, natural gas	6a.	\$	185.00
6b.	Water, sewer, garbage collection	6b.	\$	85.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	376.00
6d.	Other. Specify: Security system	6d.	•	56.00
	d and housekeeping supplies	— 7.	·	725.00
	dcare and children's education costs	7. 8.	·	
		9.	\$ \$	317.00
	hing, laundry, and dry cleaning		·	100.00
	sonal care products and services	10.	\$	20.00
	lical and dental expenses	11.	\$	350.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	\$	550.00
	not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	20.00
	ritable contributions and religious donations	14.	·	
		14.	\$	0.00
5. Insu	irance. not include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
	Health insurance	15a. 15b.	· · · — — — — — — — — — — — — — — — — —	67.00
	Vehicle insurance	15b.	·	0.00
		15d.		
	Other insurance. Specify:	15u.	Φ	0.00
o. rax Spe	es. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	allment or lease payments:		Ψ	0.00
	Car payments for Vehicle 1	17a.	\$	0.00
17b	Car payments for Vehicle 2	17b.	\$	0.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.		0.00
	r payments of alimony, maintenance, and support that you did not report as			
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe	<u> </u>	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scho			
	Mortgages on other property	20a.	·	0.00
20b	Real estate taxes	20b.		0.00
20c	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e	Homeowner's association or condominium dues	20e.	\$	0.00
. Oth	er: Specify:	21.	+\$	0.00
2 Cale	culate your monthly expenses			
	Add lines 4 through 21.		\$	4,587.00
	<u> </u>		\$	4,367.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		·	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,587.00
	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,532.00
	Copy your monthly expenses from line 22c above.	23b.	-\$	4,587.00
23c	Subtract your monthly expenses from your monthly income.	00:	•	-55.00
	The result is your monthly net income.	23c.	\$	-55.00
4 Da	YOU owners an increase or decrease in your expenses within the was after w	ou file this	form?	
	/ou expect an increase or decrease in your expenses within the year after yo example, do you expect to finish paying for your car loan within the year or do you expect you			or decrease because o
	fication to the terms of your mortgage?		,	
	, , ,			
	res. Explain here:			

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Fill in thi	is information to identify you	r case:			
Debtor 1	Sabrina G Santo				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	iling) First Name	Middle Name	Last Name		
United St	tates Bankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		
Case nur (if known)	mber				Check if this is an amended filing
Official	l Form 106Dec				
Decla	aration About	an Individua	Debtor's Scl	nedules	12/15
	money or property by fraud both. 18 U.S.C. §§ 152, 1341, Sign Below		kruptcy case can result in	fines up to \$250,000, or im	prisonment for up to 20
Did	you pay or agree to pay som	eone who is NOT an atto	rney to help you fill out ba	nkruptcy forms?	
	No				
	Yes. Name of person				Petition Preparer's Notice, anature (Official Form 119)
	er penalty of perjury, I declar they are true and correct.	e that I have read the sun	nmary and schedules filed	with this declaration and	
х /	/s/ Sabrina G Santore		X		
	Sabrina G Santore Signature of Debtor 1		Signature of D	Debtor 2	

Date _____

Date March 5, 2018

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Fill in	this infor	mation to identify you	ır case:						
Debto		Sabrina G Sant							
Bobic	J1 1	First Name		ddle Name		Last Name			
Debto (Spous	or 2 e if, filing)	First Name	Mic	ddle Name		Last Name			
Unite	d States Ba	inkruptcy Court for the	: NORTH	HERN DISTRICT	OF ILI	LINOIS			
Case	number								
(if know	vn)							_	eck if this is an ended filing
Off;	oial Ea	rm 107							
		o <u>rm 107</u> : <mark>of Financial</mark>	Affairs	for Indivi	idua	Is Filing for B	ankruptcy		4/10
inforn	nation. If n	nore space is needed	l, attach a s			ing together, both are orm. On the top of an			
		n). Answer every que							
Part		Details About Your M		s and Where Yo	u Live	d Before			
1. V	vnat is you _	r current marital stat	us?						
	✓ Married✓ Not ma								
					_				
2. D	Ouring the I	ast 3 years, have you	ı lived anyv	vhere other than	n wher	e you live now?			
_	□ No								
	Yes. Lis	st all of the places you	lived in the	last 3 years. Do i	not incl	ude where you live nov	V.		
I	Debtor 1 P	rior Address:		Dates Debtor 1	1	Debtor 2 Prior Ac	ldress:		Dates Debtor 2 lived there
ı	918 Ridge Unit 208	-		From-To: August		☐ Same as Debtor	1		☐ Same as Debtor 1 From-To:
	Elk Grove	Village, IL 60007		2015-Septem 2017	nber				
states	and territor No Yes. Ma		alifornia, Ida chedule H: \	aho, Louisiana, N	evada,	uivalent in a commur New Mexico, Puerto R Form 106H).			
	•								
F	ill in the tota	al amount of income y	ou received	from all jobs and	all bus	usiness during this you sinesses, including part ether, list it only once ur	-time activities.	is calend	lar years?
	■ No □ Yes. Fil	ll in the details.							
			Debtor 1				Debtor 2		
				of income that apply.	(b	ross income efore deductions and clusions)	Sources of income Check all that apply.		Gross income (before deductions and exclusions)

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Case number (if known)

Did you receive any other income during this year or the two previous calendar yea
--

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No ☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Social Security Benefits	\$5,283.00		
	Alimony / Maintenance	\$3,600.00		
	Child Support	\$2,400.00		
For last calendar year: (January 1 to December 31, 2017)	Social Security Benefits	\$21,132.00		
	Alimony / Maintenance	\$4,800.00		
	Family support	\$16,200.00		
For the calendar year before that: (January 1 to December 31, 2016)	Social Security Benefits	\$22,721.80		
	Family Support	\$9,000.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6.	Are either	Debtor 1's	s or D	ebtor :	2's	debts	primarily	consumer	debts?	,
----	------------	------------	--------	---------	-----	-------	-----------	----------	--------	---

No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a
	individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

□ No. Go to line 7.
 □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

■ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount	Amount you	Was this payment for
		paid	still owe	

^{*} Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

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Case number (if known) Debtor 1 Sabrina G Santore

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	ontrol, or owner of 20% o	eral partners; partnership r more of their voting sec	os of which yourities; and a	ou are a genera iny managing a	al partner; corporations gent, including one fo
	Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount A paid	mount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cos		ments or transfer any p	roperty on a	account of a de	ebt that benefited an
	No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount A paid	mount you still owe	Reason for Include cred	this payment itor's name
Par	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the case	
	In re Marriage of Sabrina Santore and Robert Santore 2015 D 2201	Dissolution of Marriage	18th Judicial Circuit Dupage County		■ Pending□ On appeal□ Concluded	
					Post decre entered 9/	ee (judgment 25/2017)
	Cavalry SPV I LLC v. Sabrina Santore 2018 M3 000750	Breach of Contract	Circuit Court of Co County Third Municipal Ds		■ Pending □ On appe □ Conclud	ed
					Filed January 30, 2018	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below ☐ No. Go to line 11. ☐ Yes. Fill in the information below.		erty repossessed, forec	losed, garni	shed, attached	I, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
	Ground Humb und Address	Explain what happened	i	Duito		property
	James Reichardt 27 W. Park Blvd. Villa Park, IL 60181			7 Apri	I 2017	\$273,145.00
		☐ Property was reposse☐ Property was foreclos☐ Property was garnishe	sed.			
		■ Property was attached	d, seized or levied.			

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Debtor 1 Sabrina G Santore Document Page 45 of 63 Case number (if known)

11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.						
	Creditor Name and Address	De	escribe the action the creditor took	Date action was taken	Amount		
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, o		ras any of your property in the possession of an er official?	assignee for the bene	fit of creditors, a		
	☐ Yes						
Pa	rt 5: List Certain Gifts and Contribution	าร					
13.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift.	ruptcy, (did you give any gifts with a total value of more t	han \$600 per person?	•		
	Gifts with a total value of more than \$6 per person	00	Describe the gifts	Dates you gave the gifts	Value		
	Person to Whom You Gave the Gift and Address:						
14.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or or	, ,	did you give any gifts or contributions with a totation.	al value of more than	\$600 to any charity?		
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo		Describe what you contributed	Dates you contributed	Value		
Pa	rt 6: List Certain Losses						
15.	Within 1 year before you filed for bankru or gambling?	ıptcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,		
	■ No						
	Yes. Fill in the details. Describe the property you lost and	Descri	ibe any insurance coverage for the loss	Date of your	Value of property		
	how the loss occurred		e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss	lost		
Pa	rt 7: List Certain Payments or Transfer	s					
16.	consulted about seeking bankruptcy or	prepari	id you or anyone else acting on your behalf pay on ga bankruptcy petition? rs, or credit counseling agencies for services require		ty to anyone you		
	□ No■ Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment		
	Urban & Burt, Ltd. 5320 West 159th Street, Suite 501 Oak Forest, IL 60452		\$1,750.00: Attorneys' fees \$335.00: Chapter 7 filing fee \$117.00: Costs	2/26/2018	\$2,202.00		

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Debtor 1 Sabrina G Santore

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.					
	Yes. Fill in the details.					
	Person Who Was Paid Address	Description and v transferred	alue of any property	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your I Include both outright transfers and transfers minclude gifts and transfers that you have alrea No	ousiness or financial affa nade as security (such as t	airs? he granting of a secur			
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and v	red p	Describe any property or payments received or debts paid in exchange	Date transfer was made	
	Person's relationship to you		P	ald ill excitatige		
	Within 10 years before you filed for bankru beneficiary? (These are often called asset-pi No Yes. Fill in the details.		y property to a self-s	settled trust or similar device	of which you are a	
	Name of trust	Description and v	value of the property	transferred	Date Transfer was made	
Par	List of Certain Financial Accounts, Ir	estrumento. Safa Danacit	Povos and Storago	Linito		
20.	Within 1 year before you filed for bankrupte sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assometimes.	or other financial accou	nts; certificates of de			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details.	year before you filed for	bankruptcy, any saf	e deposit box or other depos	sitory for securities,	
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		cribe the contents	Do you still have it?	
22.	Have you stored property in a storage unit	· ·	home within 1 year	before you filed for bankrupt	cy?	
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		cribe the contents	Do you still have it?	

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Debtor 1 Sabrina G Santore

Pai	t 9: Identify Property You Hold or Control for S	Someone Else						
23.	Do you hold or control any property that someofor someone.	ne else owns? Include any prope	rty y	ou borrowed from, are storing for	, or hold in trust			
	■ No							
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value			
Pai	t 10: Give Details About Environmental Informa	ition						
For	the purpose of Part 10, the following definitions a	apply:						
	Environmental law means any federal, state, or l toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub	r, land, soil, surface water, grour	_	•				
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		i law,	, whether you now own, operate, o	or utilize it or used			
	Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s		ıs wa	ste, hazardous substance, toxic s	substance,			
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of whe	n the	ey occurred.				
24.	Has any governmental unit notified you that you	may be liable or potentially liabl	e un	der or in violation of an environme	ental law?			
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.							
	■ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Par	t 11: Give Details About Your Business or Con	nactions to Any Business						
Га	Give Details About Your Business of Com	lections to Any Business						
27.	Within 4 years before you filed for bankruptcy, d	lid you own a business or have a	ny of	f the following connections to any	business?			
	☐ A sole proprietor or self-employed in a to	rade, profession, or other activity	/, eith	ner full-time or part-time				
	☐ A member of a limited liability company	(LLC) or limited liability partners	hip (l	LLP)				
	☐ A partner in a partnership							
	☐ An officer, director, or managing executi	ive of a corporation						

lacksquare An owner of at least 5% of the voting or equity securities of a corporation

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Case number (if known) Document Debtor 1 Sabrina G Santore

No. None of the above applies. Go to Part 12.						
	☐ Yes. Check all that apply above and fill	in the details below for each business.				
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed			
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties. No	ccy, did you give a financial statement to ar	nyone about your business? Include all financial			
	Yes. Fill in the details below.					
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued				
Par	12: Sign Below					
are t with 18 U	rue and correct. I understand that making a a bankruptcy case can result in fines up to .S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, or of	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.			
	Sabrina G Santore	Signature of Debtor 2				
	orina G Santore nature of Debtor 1	Signature of Debtor 2				
Dat	March 5, 2018	Date				
Did y	you attach additional pages to Your Stateme	ent of Financial Affairs for Individuals Filing	g for Bankruptcy (Official Form 107)?			
	es					
ПΥ	you pay or agree to pay someone who is not	t an attorney to help you fill out bankruptcy	y forms?			

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Debtor 1	Sabrina G Santor	е		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Jnited States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
if known)				Check if this is ar amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.
- You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□No
name:	☐ Retain the property and redeem it.	□ NO
Description of	☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement.	Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1	Sabrina G Santore	Case number (if k	known)
name:	otion of	☐ Retain the property and redeem it. ☐ Retain the property and enter into a	☐ Yes
propert		Reaffirmation Agreement.	
securin	-	☐ Retain the property and [explain]:	
or any u	rmation below. Do not list real estate le	/ Leases rou listed in Schedule G: Executory Contracts and Unexpases. Unexpired leases are leases that are still in effect that the trustee does not assume it. 11 U.S.C. § 368	ct; the lease period has not yet ended.
Describe	your unexpired personal property leas	es	Will the lease be assumed?
Lessor's r	name:		□ No
	on of leased		
Property:			☐ Yes
Lessor's r	name:		□ No
Description Property:	on of leased		-
rioperty.			☐ Yes
Lessor's r	name:		□ No
Descriptic Property:	on of leased		
r roperty.			☐ Yes
Lessor's r			□ No
Descriptic Property:	on of leased		□ Vaa
roporty.			☐ Yes
Lessor's r			□ No
Descriptic Property:	on of leased		☐ Yes
			_ 166
Lessor's r	name: on of leased		□ No
Property:	on or leased		☐ Yes
			
Lessor's r Descriptic	on of leased		□ No
Property:			☐ Yes
Part 3:	Sign Below		
Inder per	nalty of perjury, I declare that I have ind hat is subject to an unexpired lease.	icated my intention about any property of my estate the	at secures a debt and any personal
χ /s/ S	Sabrina G Santore	X	
Sab	rina G Santore	X Signature of Debtor 2	
Sign	ature of Debtor 1		
Date	March 5, 2018	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7	':	Liquidation
\$2	245	filing fee
\$	S75	administrative fee
+ \$	15	trustee surcharge
\$3	335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
·	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-06255 Doc 1 Filed 03/05/18 Entered 03/05/18 15:58:16 Desc Main Document Page 55 of 63

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Sabrina G Santore		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENS	SATION OF ATTO	RNEY FOR DE	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing o be rendered on behalf of the debtor(s) in contemplation of o	of the petition in bankruptcy	, or agreed to be paid	to me, for services i	
	For legal services, I have agreed to accept		\$	1,750.00	
	Prior to the filing of this statement I have received		\$	1,750.00	
	Balance Due			0.00	
2.	\$_335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law fire					of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.					law firm. A
6.	In return for the above-disclosed fee, I have agreed to rende	er legal service for all aspec	ts of the bankruptcy of	ase, including:	
 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. 					filing of
7.	By agreement with the debtor(s), the above-disclosed fee do Representation during adversary proceeding		g service:		
	(CERTIFICATION			
1	I certify that the foregoing is a complete statement of any agbankruptcy proceeding.	greement or arrangement for	r payment to me for r	epresentation of the	debtor(s) in
	March 5, 2018	/s/ Edmund G. U	rban III		
	Date	Edmund G. Urba	n III 6182264		
		Signature of Attorno			
		Urban & Burt, Ltd 5320 W 159th Str			
		Suite 501			
		Oak Forest, IL 60)452		

Name of law firm

URBAN & BURT, LTD. ATTORNEYS AT LAW

TELEPHONE: 708-687-5200 FAX: 078-687-5278 WWW.URBANBURT.COM

RETAINER AGREEMENT (HOURLY FEE) **BANKRUPTCY - CHAPTER 7**

I, Sabrina Santore ("CLIENT"), does retain URBAN & BURT, LTD., ("URBAN & BURT") as my attorneys for all necessary legal and related services in connection with the filing on my behalf of a Chapter 7 Bankruptcy. As consideration for their services, URBAN & BURT, LTD shall receive the sum of: \$2,202.00, itemized as follows:

Costs: \$ 117.00 Attorneys' Fees: \$ 1,750.00 Filing Fees: \$ 335.00

The initial Attorneys' Fees sum (\$1,750.00) shall be treated as an advanced payment retainer, shall become property of URBAN & BURT upon payment, and will be deposited in the general accounts of URBAN & BURT, not in the firm's client trust account. As an alternative to such arrangement client has been advised that she could elect to use a security retainer, but that in order to avoid issues with the application for fees and or the discharge of this agreement under Bankruptcy Law, URBAN & BURT would require a security retainer in an amount greater than above.

Once the initial retainer sum has been exhausted, the remainder of the retainer shall be an hourly fee. Where feasible, we will utilize the resources available to Urban & Burt to reduce the total cost of legal services in this matter. The hourly rate for court appearances is \$350.00; the hourly rate for all other attorney work is \$350.00; the hourly rate for legal assistants is \$75.00.

CLIENT agrees to provide URBAN & BURT with full disclosure of all requested information including documentation of income, assets and debts, and agrees to attend all necessary meetings with URBAN & BURT, and all court set meetings and hearings.

In consideration for the funds paid to URBAN & BURT:

- Client shall receive counseling regarding the four chapters of bankruptcy, as well as non-bankruptcy options;
- Client shall receive credit counseling as required by §109(h) of the bankruptcy code;
- URBAN & BURT shall timely prepare, review with CLIENT, and file the debtor's petition, plan, statements, and schedules, and make any necessary amendments;
- URBAN & BURT shall represent CLIENT at the 341 meeting and advise CLIENT of the requirement to attend the meeting of creditors, and the date, time, and place of the meeting;
- URBAN & BURT shall review and sign (as appropriate) reaffirmation agreements agreed to by CLIENT;
- URBAN & BURT shall attend all required court hearings except those excluded below.

CLIENT understands that:

- They are hiring the firm of URBAN & BURT, and not any individual attorney from the firm, and that multiple attorneys may work on their case;
- Not all debts will be discharged by the Bankruptcy;
- They are not required to be represented by an attorney to file a bankruptcy, but choose to be represented by an attornev:
- In the event that a cancellation is requested in writing all unearned attorney's fees will be returned after an application of attorney hours at \$350.00/hr to the retainer paid;
- This contract does not include representation in the following: Adversary Actions; Valuation Hearings; Non-Dischargeability Actions; Objections to Discharge; Redemptions. Those actions will be billed at the rate of \$350.00/hr in addition to this contact, and require an additional contract and prompt payment of the fees billed.

I understand that this contract is not valid and binding unless countersigned by a duly authorized officer of

Urban & Burt, Ltd.

Agreed to by Client:

Urban & Burt, Ltd. By:

Sabrina Santore

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United States Bankruptcy CourtNorthern District of Illinois

In re	Sabrina G Santore		Case No.		
in re	Sabrilla & Salitore	Debtor(s)	Chapter 7		
	VERIFICATION OF CREDITOR MATRIX				
		Number of	Number of Creditors: 55		
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credit	ors is true and correct to	o the best of my	
Date:	March 5, 2018	/s/ Sabrina G Santore Sabrina G Santore Signature of Debtor			

Alexian Brothers Medical Group PO Box 14099 Belfast, ME 04915

Alliance One 4850 Street Road Suite 300 Feasterville Trevose, PA 19053

Alliance One Receivables Management 4850 Street Road, Suite 300 Feasterville Trevose, PA 19053

American Coradius International LLC PO Box 717 Getzville, NY 14068-0717

American Portfolio Mortgage 1 Corporate Drive, #360 Lake Zurich, IL 60047

American Recovery Service Inc. 555 St. Charles Drive Suite 100 Thousand Oaks, CA 91360

ARS National Services Inc. PO Box 469100 Escondido, CA 92046-9100

ARS National Services, Inc. Dept. #127199 PO Box 3005 Phoenixville, PA 19460

Athletico 709 Enterprise Drive Oak Brook, IL 60523

Blatt, Hasenmiller, Leibsker & Moore 125 South Wacker Drive, Suite 400 Chicago, IL 60606-4440

Blitt & Gaines 661 Glenn Avenue Wheeling, IL 60090

Capital Management Services, LP 726 Exchange Street Suite 700` Buffalo, NY 14210

Capital Management Services, LP 698 1/2 South Ogden Street Buffalo, NY 14206-2317

Capital One Attention: Bankruptcy Department P.O. Box 85167 Richmond, VA 23285-5167

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285

Cavalary Portfolio 1990 Algonquin Road Schaumburg, IL 60173

Cavalry Portfolio Investments c/o TSYS Debt Management P.O. Box 5155 Norcross, GA 30091

Cavalry Portfolio Services 7 Skyline Drive Hawthorne, NY 10532

Chase Card Services PO Box 659409 San Antonio, TX 78265

CHLD/CBSD PO Box 6497 Sioux Falls, SD 57117 Citibank P.O. Box 6500 Sioux Falls, SD 57117

CitiCard PO Box 6000 Bankruptcy Department The Lakes, NV 89163-6000

Client Services, Inc. 3451 Harry Truman Blvd Saint Charles, MO 63301-4047

Commerce Bank PO Box 80600 Kansas City, MO 64180

Credit Control, LLC PO Box 31179
Tampa, FL 33631

Credit One Bank PO Box 98872 Las Vegas, NV 89193

Dominick and Jean Santore 4013 N. Oketo Harwood Heights, IL 60706

Dr. Tom Karnezis 8901 Golf Road Suite 203 Des Plaines, IL 60016

DSNB Macys 9111 Duke Blvd. Mason, OH 45040

Elk Grove Village Public Library 1001 Wellington Avenue Elk Grove Village, IL 60007

Estate Information Services, LLC PO Box 1730 Reynoldsburg, OH 43068-8730

GE Capital Retail Bank PO Box 103104 Roswell, GA 30076

Global Collection Corp. 5440 N. Cumberland Avenue Suite 300 Chicago, IL 60656

James Reichardt 27 W. Park Blvd. Villa Park, IL 60181

Joseph R. Hayes 335 Arlington Road Itasca, IL 60143

Keith Shindler 1990 E. Algonquin 180 Schaumburg, IL 60173

Lucas & Apostopolos 881 W. Lake Street Addison, IL 60101

Macys P.O. Box 183084 Columbus, OH 43218

Mandarich Law Group LLP 420 N. Wabash, #400 Chicago, IL 60611

Midland Funding 8875 Aero Dr. San Diego, CA 92123

Neurotech LLC 626 W. Moreland Waukesha, WI 53188-2433

Northland Group, Inc. P.O. Box 390846 Edina, MN 55439

Portfolio RC 287 Independence Virginia Beach, VA 23462

Portfolio Recovery Associates Riverside Commerce Center 120 Corporate Blvd. Norfolk, VA 23502

Portfolio Recovery Associates 500 West 1st Avenue Hutchinson, KS 67501

Portfolio Recovery Associates PO Box 12914 Norfolk, VA 23541

Robert Santore 494 Lilac Lane Elk Grove Village, IL 60007

Sentry Credit Inc. 2809 Grand Avenue Everett, WA 98201

Sychrony Bank PO Box 965064 Orlando, FL 32896-5064

THD/CBNA P.O. Box 6497 Sioux Falls, SD 57117

The Bureaus 1721 Central Street Evanston, IL 60204

U.S. Bank Bankruptcy Dept. PO Box 5229 Cincinnati, OH 45201

Unique National Collections 119 E. Maple St. Jeffersonville, IN 47130 Valenti & Valenti 101 E. St. Charles Road #203 Villa Park, IL 60181

Victoria's Secret P.O. Box 659728 San Antonio, TX 78265-9728